


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90359 045 ****50.00

DOCUMENT # L03000043001 1. Entity Name ANIMAL HOSPITAL OF LABELLE, P.L.					
Principal Place of Business 5580 WEST STATE ROAD 80 ALVA, FL 33920 US Labelle, FL 33935			Mailing Address P.O. BOX 639 LABELLE, FL 33975 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 36-4543007	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHIPLEY-MOCKUS, DONNA 5580 WEST STATE ROAD 80 ALVA, FL 33920 Labelle, FL 33935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIPLEY-MOCKUS, DONNA 5580 WEST STATE ROAD 80 ALVA, FL 33920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Labelle, FL 33935	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Donna Shipley-Mockus</i>			Date: 4/29/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: 863-675-6900		